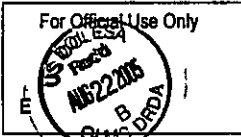


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12424</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>STEPHANIE</u> <u>C</u> <u>MAHELONA</u> P O Box Bldg Room No if any _____ Street <u>1617 PALAMA STREET</u> City <u>HONOLULU</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817 3043</u>	4 Name file number and address of labor organization Name <u>LABORERS AFL CIO LOCAL 368</u> Labor Organization File Number <u>042 957</u> P O Box Building and Room Number if any _____ Street <u>1617 PALAMA STREET</u> City <u>HONOLULU</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817-3043</u>
5 Position in labor organization <u>OFFICE MANAGER/EXECUTIVE SECRETARY</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Stephanie C Mahelona</u>	On <u>08/15/2005</u> <u>(808) 841 5877</u> Date Telephone Number

STEPHANIE MAHELONA - TRAINING TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Training	LIUNA Tri Fund Conference January 18 - 22 2004	\$ 4 861 08	\$ 3,959 21	\$ 901 87
Training	World of Concrete February 16 - 20 2004	\$ 4 439 38	\$ 2,808 88	\$ 1 630 50
Training	Annual/Quarterly Meetings July 22 - 25 2004	\$ 437 50	\$ 96 20	\$ 341 30
Training	50th Annual Employee Benefits November 30 - December 4 2004	\$ 7 901 00	\$ 4,969 59	\$ 2 931 41
Total		\$ 17 638 96	\$ 11,833 88	\$ 5 805 08

Name of Person Filing **STEPHANIE MAHELONA**File Number **U**

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **HAWAII LABORERS HEALTH & WELFARE TRUST FUND**

Trade Name if any

P O Box Bldg Room No if any

Street **1221 KAPIOLANI BLVD SUITE 900**City **HONOLULU**State **Hawaii** ZIP Code + 4 **96814-3502****10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**11 a** Nature of such dealing*Health & Welfare Trust Fund*

PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS ON A FULLY REIMBURSED BASIS

(SEE ATTACHED WORKSHEET)

11 b Approximate dollar value of such dealing*\$12,171***12 a** Nature of interest held or income received**12 b** Amount*\$12,171*

STEPHANIE MAHELONA - HEALTH & WELFARE TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
H&W	Collection Procedures Institute March 8 - 10 2004	\$ 3 425 00	\$ 2,905 52	\$ 519 48
H&W	HUB Educational Trust Fund May 27 31 2004	\$ 2 755 00	\$ 1,478 54	\$ 1 276 46
H&W	Washington Legislative Update May 17 19 2004	\$ 8 435 00	\$ 4,993 54	\$ 3 441 46
H&W	Annual/Quarterly Meetings July 22 25 2004	\$ 437 50	\$ 96 19	\$ 341 31
H&W	Health Care Management November 15 17 2004	\$ 4 730 00	\$ 2,696 83	\$ 2 033 17
Total		\$ 19 782 50	\$ 12 170 62	\$ 7 611 88

Name of Person Filing **STEPHANIE MAHELONA**File Number **U**

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **ROBECO Investment Management**

Trade Name if any

P O Box Bldg Room No if any

Street **Pioneer Plaza, Fort Street Mall, Suite 905**City **Honolulu**State **Hawaii** ZIP Code + 4 **96814**

10 If 9 b or 9 c is checked give trust or employer's name

Name **HAWAII LABORERS HEALTH & WELFARE TRUST FUND**

Trade Name if any

P O Box Bldg Room No if any

Street **1221 KAPIOLANI BLVD SUITE 900**City **HONOLULU**State **Hawaii** ZIP Code + 4 **96814-3502**

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer11 a Nature of such dealing **Investment Manager**

PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND

(SEE ATTACHED)

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Attended dinner hosted by
Investment Manager during
educational conference

12 b Amount--

\$100.00

LM-10 / LM-30 Confirmation Worksheet

<u>Description of Item(s) Given</u>	<u>Date Given</u>	<u>Total Cost of Items Given</u>	<u>Comment(s)</u>
Dinner Meeting – BPAM Update Chinois – Santa Monica, Ca	3/8/2004	\$500 00	Records can not determine specific food ordered and total number of guests in attendance
Dinner Meeting – BPAM Update Chianti – Monterey, Ca	11/15/2004	\$356 55	Records can not determine specific food ordered and total number of guests in attendance